

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333 Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

### 2016 CAMPAIGN FINANCE REPORT

FOR MUNICIPAL, DISTRICT AND COUNTY PARTY COMMITTEES

Please complete ALL entries.

NAME OF COMMITTEE			
STREET			☐ CHECK IF CHANGED
CITY AND ZIP CODE		TELEPHONE NUMBER	FROM PREVIOUS REPORT
F.M.		NUMBER	- INEL OIL
E-MAIL			
NAME OF TREASURER			
MAILING ADDRESS STREET			☐ CHECK IF CHANGED
CITY AND ZIP CODE		TELEPHONE NUMBER	FROM PREVIOUS REPORT
E-MAIL			
Type of R	eport <u>Due Date</u>	Dates of Repor	t Period
☐ July Semiannua	July 15, 201	6 January 1, 2016 — J	lune 30, 2016
☐ 11-Day Pre-Gene	oral October 28, 20	016 July 1, 2016 — Octo	ober 25, 2016
☐ January Semian	nual January 17, 20	017 October 26, 2016 —	December 31, 2016
☐ Amendment to:			
	rt: Use only if the committee had no c obligations during the reporting perio		
☐ Termination Rep	ort: If the committee will have no furth	ner activity. Check the appropriate re	port above as well.
required to file repor expenditures. The file	committees that raise more than \$1,500 ts. The requirement to file is triggered returned to the requirement to file is triggered to the report due after exceeding \$1,500 in port in a year should include all activity single.	d when the committee exceeds \$1,500 contributions or expenditures is the ne	) in contributions or
I CERTIFY THAT I HA	AVE EXAMINED THIS REPORT AND TO MPLETE.	O THE BEST OF MY KNOWLEDGE IT I	S TRUE,
	Treasurer's Signature		Date

Page _	of	
Sch	edule A	only

### SCHEDULE A CASH CONTRIBUTIONS

- For contributors who gave more than \$200, the committee must report the contributor's name, address, occupation, and employer.
- If employment information has been requested from the contributor and the contributor has not provided it, indicate "information requested" for the occupation and employer.
- For cash contributions totaling \$200 or less, please enter "unitemized contributions" as the contributor and the total amount and the appropriate key code on a line on this page. Once a contributor has given the committee more than \$200 in a report period, you must list that contributor separately.

DATE RECEIVED	CONTRIBUTOR'S NAME, ADDRESS, ZIP	OCCUPATION AND EMPLOYER	TYPE (use key code)	AMOUNT
Total cash contributions (this page only) ⇒ (combined totals from all Schedule A pages must be listed on Schedule F)				

Key Codes:

1 = Individuals

3 = Commercial Source

. .. - ...

4 = Non Profit Organization

5 = Political Action Committee

6 = Political Party Committee

7 = Ballot Question Committee

9 = Candidate/Candidate Committees

14 = Contributors giving \$200 or Less

16 = Financial Institution

Page	of
Sche	dule A Only

### **SCHEDULE A (continued) CASH CONTRIBUTIONS**

DATE RECEIVED	CONTRIBUTOR'S NAME, ADDRESS, ZIP	OCCUPATION AND EMPLOYER	TYPE (use key code)	AMOUNT
Total cash contributions (this page only) ⇒ (combined totals from all Schedule A pages must be listed on Schedule F)				

Key Codes:

1 = Individuals

3 = Commercial Source

4 = Non Profit Organization

5 = Political Action Committee

6 = Political Party Committee

7 = Ballot Question Committee

9 = Candidate/Candidate Committees

14 = Contributors giving \$200 or Less

16 = Financial Institution

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Sche	dule A-1 Onl	v

### SCHEDULE A-1 IN-KIND CONTRIBUTIONS

- In-kind contributions are goods and services (including facilities) that a committee received at no cost or at a cost less than the fair market value. They include all goods and services purchased for the committee by others if the committee does not expect to reimburse the person who made the purchase.
- For contributors who gave more than \$200, the committee must report the contributor's name, address, occupation, and employer.
- If employment information has been requested from the contributor and the contributor has not provided it, indicate "information requested" for the occupation and employer.
- For contributions totaling \$200 or less, please enter "unitemized contributions" as the contributor and the total amount and the appropriate key code on a line on this page. Once a contributor has given the committee more than \$200 in a report period, you must list that contributor separately.

DATE RECEIVED	CONTRIBUTOR'S NAME, ADDRESS, ZIP	OCCUPATION AND EMPLOYER	DESCRIPTION (of goods, services, facilities, or discounts received)	TYPE (use key code)	VALUE (estimated fair market value)
	(combined total	Total in-kind s from all Schedule A-	d contributions (this page on 1 pages must be listed on Sche	nly) ⇒	

Key Codes:

1 = Individuals

3 = Commercial Source

4 = Non Profit Organization

5 = Political Action Committee

6 = Political Party Committee

7 = Ballot Question Committee

9 = Candidate/Candidate Committees

14 = Contributors giving \$200 or Less

16 = Financial Institution

Committee Name:		

Page _	of
Sch	edule B Only

## SCHEDULE B EXPENDITURES TO SUPPORT OR OPPOSE

- Enter all expenditures, including cash contributions from this committee, made to support or oppose a candidate, political action committee, ballot question committee, or party committee.
- Enter all expenditures made to support or oppose a ballot question, referendum, or citizen initiative, including those in signature-gathering phase.
- Enter the name of the candidate, ballot question, or committee supported or opposed by the expenditure and indicate whether the expenditure was made in support or opposition.

If a single expenditure is made to support or oppose multiple candidates, committees, or ballot questions, the expenditure must be itemized by the amount spent per candidate, committee, or ballot question, not as a single expenditure, and each candidate, committee, or ballot question must be separately identified.

EXPENDITURE TYPES					
CON	Contri	ibution to candidate, party or committee	POL	Polling and survey research	
CNS	Campaign consultants		POS	Postage for U.S. Mail and mail box fees	
EQP	Equip	ment (office machines, furniture, cell phones)	PRO	Professional services	
FND	Fundr	raising events	PRT	Print media ads only (newspapers, ma	agazines, etc.)
FOD	Food	for campaign events, volunteers	RAD	Radio ads, production costs	
LIT	Printin	ng and graphics (flyers, signs, palmcards, t-shirts, etc.)	SAL	Campaign workers' salaries and perso	onnel costs
MHS	Mail h	ouse (all services purchased)	TRV	Travel (fuel, mileage, lodging, etc.)	
OFF	Office	rent, utilities, phone and internet services, supplies	TVN	TV or cable ads, production costs	
ОТН	Other		WEB	Website design, registration, hosting,	maintenance, etc.)
РНО	Phone	e banks, automated telephone calls			
		! REMARKS REQUIRED FOI	R ALL EX	PENDITURE TYPES !	
Date:		Payee Name and Address:			Amount
Type:		Remarks (Required):			
☐ Su	Support Candidate Name/Ballot Question:				
l					
Oppose					
Date:		Payee Name and Address:			Amount
Type:		Remarks (Required):			
☐ Su	pport	Candidate Name/Ballot Question:			
⊔ Ор	pose				
				penditures this page only $\Rightarrow$	
		(combined totals from all Schedul	e is page	s must be listed on Schedule F)	

Committee Name:	
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Page _	of
Sch	edule B Only

# SCHEDULE B (continued) EXPENDITURES TO SUPPORT OR OPPOSE

Date:	Payee Name and Address:	Amount
Туре:	Remarks (Required):	
<i>31</i>		
☐ Support	Candidate Name/Ballot Question:	
☐ Oppose		
Date:	Payee Name and Address:	Amount
Type:	Remarks (Required):	
<i>71</i>		
☐ Support	Candidate Name/Ballot Question:	
☐ Oppose		
Date:	Payee Name and Address:	Amount
Type:	Remarks (Required):	
, ·		
☐ Support	Candidate Name/Ballot Question:	
☐ Oppose		
Date:	Payee Name and Address:	Amount
Type:	Remarks (Required):	
	Condidate Name/Pallet Overtica:	
☐ Support	Candidate Name/Ballot Question:	
☐ Oppose		
	Total expenditures this page only ⇒	
	(combined totals from all Schedule B pages must be listed on Schedule F)	

Committee Name:		

Page	of _	
Schedule	- B-1	Only

## SCHEDULE B - 1 OPERATING EXPENSES

List all operational expenditures made to a single payee or creditor that were made during this reporting period. Multiple expenditures for bank fees and vehicle travel may be aggregated and listed as a lump sum provided that the time period of the expenditure be identified in the remark section.

expen	iditure b	e identified in the remark section.				
		EXPI	ENDIT	JRE T	/PES	
CON	Contrib	oution to candidate, party or committee		POL	Polling and survey research	
CNS	Campa	aign consultants		POS	Postage for U.S. Mail and mail box fees	
EQP	Equipn	nent (office machines, furniture, cell phones)		PRO	Professional services	
FND	Fundra	ising events		PRT	Print media ads only (newspapers, magazin	es, etc.)
FOD	Food fo	or campaign events, volunteers		RAD	Radio ads, production costs	
LIT	Printing	g and graphics (flyers, signs, palmcards, t-shirts, et	tc.)	SAL	Campaign workers' salaries and personnel costs	
MHS	Mail ho	ouse (all services purchased)		TRV	Travel (fuel, mileage, lodging, etc.)	
OFF	Office i	rent, utilities, phone and internet services, supplies		TVN	TV or cable ads, production costs	
ОТН	Other			WEB	Website design, registration, hosting, mainte	enance, etc.)
РНО	Phone	banks, automated telephone calls				
		! REMARKS REQUIR	ED FOR	ALL EX	PENDITURE TYPES !	
DA	TE	PAYEE NAME & ADDRESS	T	/PE	REMARKS (REQUIRED)	AMOUNT
		(combined totals from a	II Sched		l expenditures (this page only) ⇒ I pages must be listed on Schedule F)	

Committee Name:		
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age	of _	
Schedule	B-1	Only

# SCHEDULE B-1 (continued) OPERATING EXPENDITURES

DATE	PAYEE NAME & ADDRESS	TYPE	REMARKS (REQUIRED)	AMOUNT	
Total expenditures (this page only) $\Rightarrow$					

Committee Na	ame:	

⊃age	of	
Sche	edule C Only	

### SCHEDULE C LOANS AND REPAYMENTS

List all new and continuing loans that were unpaid at any time during this reporting period. If a loan amount is forgiven, the amount forgiven **must** also be entered as a contribution on Schedule A.

	COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5
LENDER'S NAME AND ADDRESS	LOAN BALANCE AT BEGINNING OF PERIOD	ACTIVITY THIS PERIOD (report amount and date)			LOAN BALANCE AT
		AMOUNT LOANED THIS PERIOD	AMOUNT REPAID THIS PERIOD	AMOUNT FORGIVEN THIS PERIOD (Enter on Schedule A also)	END OF PERIOD (1+2) – 3 – 4
		DATE	DATE	DATE	
		AMOUNT	AMOUNT	AMOUNT	
		DATE	DATE	DATE	
		AMOUNT	AMOUNT	AMOUNT	
		DATE	DATE	DATE	
				AMOUNT	
		DATE	DATE	DATE	
		AMOUNT	AMOUNT	AMOUNT	
		DATE	DATE	DATE	
				AMOUNT	
		DATE	DATE	DATE	
		AMOUNT	AMOUNT	AMOUNT	
Totals for each column ⇒		Enter on Schedule F, Line 3	Enter on Schedule F, Line 7		Enter on Schedule F, Line 14

Page _	of
	edule D Only

## SCHEDULE D UNPAID DEBTS AND OBLIGATIONS

- A debt or obligation is incurred if a committee places an order for a good or service without making a payment; makes a promise or agreement to pay for a good or service; signs a contract for a good or service; or receives delivery of a good or service for which the committee has not paid.
- This schedule is a list of all debts and obligations of the committee as of the end of this reporting period. When the obligation has been paid, the expenditure (i.e., the actual payment) must be reported on Schedule B or B-1.
- If the committee has not received a bill for goods or services, contact the vendor to obtain the amount owed. If it is impossible to verify the amount of the debt, enter an estimated amount and indicate that the amount is estimated in the purpose section.
- If obligations from a previous campaign finance report still remain unpaid, you will need to continue to report them on this schedule until they have been paid in full.

DATE OF OBLIGATION	CREDITOR'S NAME AND ADDRESS	PURPOSE	AMOUNT
	Total unpaid (	debts and obligations (this page only) ⇒	

Committee Name:		

## SCHEDULE F SUMMARY SCHEDULE

#### **CASH ACTIVITY**

Receipts	Total for this Period	
Cash Contributions (Schedule A)		
2. Other Cash Receipts (interest, etc.)		
3. Loans (Schedule C)		
4. Total Receipts (lines 1 + 2 + 3)		
Expenditures	Total for this Period	
5. Expenditures to Support or Oppose (Schedule B)		
6. Operating Expenditures (Schedule B-1)		
7. Loan Repayment (Schedule C)		
8. Total Payments (lines 5 + 6 + 7)		
CASH SUMMARY		

	Total for This Period
9. Cash Balance at Beginning of Period	
10. Plus Total Receipts This Period (line 4 above)	
11. Minus Total Payments This Period (line 8 above)	
12. Cash Balance at End of Period	

#### **OTHER ACTIVITY**

	Total for This Period
13. In-Kind Contributions (Schedule A-1)	
14. Total Loan Balance at End of Period (Schedule C)	
15. Total Unpaid Debts at End of Period (Schedule D)	